FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Information			
1. Name and Mailing Address of Respondent			- 1
Alma Telephone Co., Inc.			Check here if this
PO Box 2027			is a change of
Alma GA 31510			address.
2. Year Report Filed	Reporting Period (Ending Date of Pay	Number of Full-Time Employees during Selected	
2019	Period Covered by Report) Mar 1, 2019	Reporting Period (check one): a. Fewer than 16 (complete Sections I, IV, and V only) b. 16 or more (complete all sections)	
SECTION II - Full-Time Employees.			

SECTION II - Full-Time Emplo	yee	S														
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino		Not-Hispanic or Latino												
		Lat	110	Male						Female						
		Male	Female	White	Black or African American	Native Hawailan or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		A	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
First/Mid-Level Officials and Managers	1.2	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Professionals	2	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Technicians	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	4	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Administrative Support Workers	5	0	1	12	0	0	0	0	0	13	1	0	0	0	0	27
Craft Workers	6	0	0	31	1	0	0	0	1	0	0	0	0	0	0	33
Operatives	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	10	0	1	60	1	0	0	0	1	16	1	0	0	0	0	80
PREVIOUS YEAR TOTAL	11	0	1	58	1	0	0	0	1	16	1	0	0	0	0	78 FCC 395

FCC 395

SECTION III - Part-Time Emp	loyees	3.						Mrss	shor of Emri-							
		Number of Employees (Report employees in only one category)														
Job		Race/Ethnicity														
Categories		Hispanic or Latino			Not-Hispanic or Latino											
		La	uno			Ma	ale					Fer	nale			Columns A - N
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
		Α	В	С	D	E	F	G	Н	1	J	К	L	М	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5	0	0	2	0	0	0	0	0	1	1	0	0	0	0	4
Craft Workers	6	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	4	0	0	0	0	0	1	1	0	0	0	0	6
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	1	1	0	0	0	0	2
SECTION IV - Report of Disc	rimina	tion Compl	laints Pursua	nt to 47 CFI	R 22.321, 23.5	55, 90.168, 101	1.4, and 101	.311.								
This is to advise to company before a This is to advise to (Attach a list indice	any bo the Co	dy having co mmission th	ompetent juris	diction in suc g complaints	ch matters dur alleging viola	ing the calend itions of the pro-	ar year cove	red by this rep ny equal empl	oort. oyment oppor	tunity statute	have been fil	ed against this	company.			
SECTION V - Certification	aung	parues irrol	veu, uate illec	i, cours or a	Joricles DelOft	WINCH THE ME	iudi iids D00	ii iidaid, iiid fi	uniber of other	designation	, and current	oldius of dispo	oldori.			
I certify that to the best of my	knowle	dge, informa	ation, and beli	ef, all statem	ents in this re	port are true a	nd correct.					-/	2			
Date		ped or Printed Name of Person Signing Signature Telephone No.								- 10						
05/15/2019	Ke	vin K.	Brooks		(912) 632-8603											
Title of Person Signing President	ning				WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											